

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #: R5	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): O				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: NYCMTA				
Address: 2 Broadway				
City: New York	State: NY		Zip: 10004	
Contact Name: Brian McLean			Telephone: (646) 252-3540	
REMOVAL CONTRACTOR: Coastal Environmental Group, Inc.				
Address: 264 Sills Road, Suite A				
City: East Patchogue	Zip: NY		Zip: 11772	
Contact Name: Richard C. Silva, Jr., Project Manager			Telephone: 631-299-3524	
OTHER CONTRACTOR:				
Address:				
City:	State:		Zip:	
Contact Name:			Telephone:	
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R				
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: Steinway Tube				
Address: IRT Flushing Line				
City: New York City	State: NY		County: Manhattan	
Site Location: Tracks C1 & C2, Pump Rooms, Shafts, Manholes: 26S & 28S				
Building Size:	# of Floors:		Age In Years: 50 years +	
Present Use: Train Station	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Linear Feet	255			
Pipes				Ln Ft: X Ln M:
Surface Area – Square Feet	205			Sq Ft: X Sq M:
Vol. RACM off Facility Component				Cu Ft: Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)		Start Date: 04/23/16		Complete Date: 04/23/17
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: **This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56. NYCT System Wide Variance #14-0241, 14-0245, and EPA Dry Removal dated 1/6/2014. Methods will include double bagged for disposal purposes.**

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: **HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.**

WASTE TRANSPORTER #1

Name: **Tri-State Transfer Associates, Inc.**

Address: **1199 Randall Avenue**

City: **Bronx**

State: **NY**

Zip: **10474**

Contact Name: **Jamie Byrne Baranoff**

Telephone: **718-617-0771**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

WASTE DISPOSAL SITE (#1 or #2)

Name: **Minerva Enterprises**

Location: **9000 Minerva Road**

City: **Waynesburg**

State: **OH**

Zip: **44688**

Telephone: **330-866-3435**

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

FOR EMERGENCY RENOVATIONS

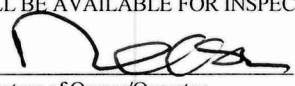
Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)


Signature of Owner/Operator


Date

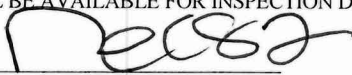

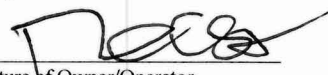

I certify that the above information is correct.


Signature of Owner/Operator


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City: East Patchogue	Zip: NY		Zip: 11772	
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Building Name: Steinway Tube				
Address: IRT Flushing Line				
City: Queens	State: NY		County: Queens	
Site Location: Tracks C1 & C2, Pump Rooms, Shafts, Manholes: 35N, 38S, 39N, 40S & 41N				
Building Size:	# of Floors:		Age In Years: 50 years +	
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		CAT I	CAT II	UNIT
Linear Feet	415			
Pipes				Ln Ft: X Ln M:
Surface Area – Square Feet	500			Sq Ft: X Sq M:
Vol. RACM off Facility Component				Cu Ft: Cu M:
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Name:		Tri-State Transfer Associates, Inc.	
Address:		1199 Randall Avenue	
City:	Bronx	State:	NY
Zip:	10474		
Contact Name:	Jamie Byrne Baranoff		Telephone: 718-617-0771
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	
Zip:			
Contact Name:			Telephone:
WASTE DISPOSAL SITE (#1 or #2)			
Name:		Minerva Enterprises	
Location:		9000 Minerva Road	
City:	Waynesburg	State:	OH
Zip:	44688		
Telephone:	330-866-3435		
IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
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FOR EMERGENCY RENOVATIONS			
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